PT0/SB/22 (01-08)
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er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMBI control number.

TITION	FOR EXTENSIO	N OF TIME UNDER 3	Docket Number (Optional)				
(Fees pun	suant to the Consoli	FY 2008 dated Appropriations Act,	OKUYAM 3.0-007				
opplication Number 10/767,783-Conf. #7290				Filed January 29, 2004			
or ME	THOD FOR REMO	OVING MERÇURY IN E	XHAUST GAS AND	SYSTEM THERE	FOR	*	
Art Unit	1793			Examiner	E. M. Joh	nson	
This is a rec application.	uest under the pro	visions of 37 CFR 1.136(a) to extend the perio	od for filing a reply in	the above i	dentified	
The request	ed extension and f	ee are as follows (check	time period desired a	and enter the approp	riate fee bel	ow):	
x	One month (37 (CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	≥ \$	120.00	
	Two months (37	CFR 1.17(a)(2))	\$460	\$230	s		
<u></u>		7 CFR 1.17(a)(3))	\$1050	\$525	s		
<u> </u>		CFR 1.17(a)(4))	\$1640	\$820	s -		
<u> </u>	,	CFR 1.17(a)(5))	\$2230	\$1115	<u> </u>		
	Five months (37	CFR 1.17(a)(5))	\$2230	\$1115	*		
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095. I have enclosed a duplicate copy of this sheet. WARNING: Information on this torm may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent under 37 CFR 1.34. Registration number if acign under 37 CFR 1.34. Registration number if acign under 37 CFR 1.34.							
					Date		
	Thomas M. Finetti				(908) 654-5000		
Typed or printed name Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
T	otal of	forms are subr	nitted.				

I hereby certify that this paper (along with a the date shown below with sufficient posta)	any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on ge as First Class May finds envelope addresses of Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.	
Daled: February 19, 2008	Signature / (Thomas M. Finetti)

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